

MINERALS MANAGEMENT SERVICE

INSURANCE CERTIFICATE

OIL POLLUTION ACT OF 1990

APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY

(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

AGENCY USE ONLY											
OSFRC NUMBER						BROKER/AGENT NUMBER					

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Form MMS-1019 (September 2001)
OMB Control No. 1010-0106
OMB Approval Expires: 09/30/2004

1. DESIGNATED APPLICANT: _____
COMPANY LEGAL NAME _____ MMS QUALIFICATION NUMBER _____
2. THE AMOUNT OF INSURANCE COVERAGE ESTABLISHED AS EVIDENCE OF OIL SPILL FINANCIAL RESPONSIBILITY FOR THE DESIGNATED APPLICANT (HEREAFTER THE INSURED) BY THE NAMED INSURERS IN COMPLIANCE WITH TITLE I OF THE OIL POLLUTION ACT OF 1990 (HEREAFTER THE ACT) AND PART 253 OF TITLE 30, CODE OF FEDERAL REGULATIONS (CFR), FOR ANY ONE INCIDENT IS:

FROM \$ _____ TO: \$ _____
STARTING AMOUNT ABOVE ANY DEDUCTIBLE OR EXCESS AMOUNT UPPER LIMIT OF THIS INSURANCE LAYER

THE FOLLOWING INSURANCE OPTION HAS BEEN SELECTED TO PROVIDE THIS COVERAGE:

- ☐ Full Option--Insurance is provided for the first full \$ _____ million without deductible.
- ☐ Deductible Option--Insurance is provided for the amount of \$ _____ million less the deductible amount of \$ _____.
- ☐ Excess Option--Insurance is provided for the amount of \$ _____ million in excess of the amount of \$ _____ million.

3. THIS COVERAGE IS EFFECTIVE: _____ AT _____ AND EXPIRES: _____ AT _____
DATE CENTRAL STANDARD TIME DATE CENTRAL STANDARD TIME

The termination date and time will be the date and time this instrument expires or, if prior thereto, the date cancellation is effective. Expiration will be effective with or without written notice. Termination does not affect the liability of the insurers in connection with an oil discharge occurring before the termination date (reference 30 cfr 253.41).

4. INSURANCE AGENT OR BROKER FOR THIS INSURANCE CERTIFICATE:

COMPANY NAME				MMS QUALIFICATION NUMBER			
ADDRESS							
CITY		STATE		COUNTRY (If not U.S.A.)		ZIP CODE	
() AREA CODE and TELEPHONE NUMBER		() AREA CODE and FAX NUMBER		E-MAIL ADDRESS			

AS AN AUTHORIZED REPRESENTATIVE OF THE INSURANCE AGENT OR BROKER IDENTIFIED ABOVE, I CERTIFY THAT THE INFORMATION CONTAINED IN THIS INSURANCE CERTIFICATION IS ACCURATE AND CORRECT, AND THAT QUOTA SHARES TOTAL 100 PERCENT FOR THIS INSURANCE CERTIFICATE, AND THAT THIS INSURANCE CERTIFICATE AND THE NAMED INSURERS COMPLY WITH THE REQUIREMENTS STATED IN 30 CFR 253.29. THE IDENTIFIED INSURANCE AGENT OR BROKER AGREES TO MAINTAIN AND PROVIDE TO THE DESIGNATED APPLICANT AND THE MINERALS MANAGEMENT SERVICE (MMS), ON DEMAND, ANY DELEGATIONS OF AUTHORITY TO A BROKER OR AN UNDERWRITER OF ANOTHER INSURER OR UNDERWRITING MANAGER TO BIND A NAMED INSURER TO ALL RISKS AND LIABILITIES SPECIFIED IN TITLE I OF THE ACT. THE IDENTIFIED INSURANCE AGENT OR BROKER FURTHER AGREES TO NOTIFY, IN ACCORDANCE WITH 30 CFR 253.41, THE DESIGNATED APPLICANT AND THE MMS OIL SPILL FINANCIAL RESPONSIBILITY PROGRAM, BY WRITTEN NOTICE SENT BY CERTIFIED MAIL, OF THE INTENT TO TERMINATE THIS INSURANCE CERTIFICATE PRIOR TO THE END OF THE COVERAGE PERIOD SPECIFIED ABOVE.

NAME	SIGNATURE
TITLE	DATE

5. THE NAMED INSURERS, LISTED BEOW, CERTIFY THAT THE DESIGNATED APPLICANT IS INSURED BY THE NAMED INSURERS FOR THE OFFSHORE FACILITIES, SPECIFIED BY THE SELECTED OFFSHORE FACILITY COVERAGE OPTION, AGAINST LIABILITY FOR REMOVAL COSTS AND DAMAGES TO WHICH THE DESIGNATED APPLICANT COULD BE SUBJECTED UNDER TITLE I OF THE ACT AND 30 CFR 253 WITHIN THE INSURANCE LAYER SPECIFIED.

THE FOLLOWING OFFSHORE FACILITY COVERAGE OPTION HAS BEEN SELECTED:

- ☐ General Option—All covered offshore facilities for which the Insured is the Designated Applicant.
- ☐ Schedule Option— All covered offshore facilities on the Designated Applicant's attached information form and schedule of properties forms, effective _____
DATE

6. THE NAMED INSURERS AGREE THAT ANY SUIT OR CLAIM FOR WHICH THE INSURED MAY BE LIABLE UNDER TITLE I OF THE ACT MAY BE BROUGHT DIRECTLY AGAINST THE NAMED INSURERS FOR CLAIMS ASSERTED BY THE U.S. GOVERNMENT OR, IN THE CASE OF THE INSURED'S INSOLVENCY OR PETITION FOR BANKRUPTCY UNDER TITLE 7 OR 11, U.S.C. 101, FOR CLAIMS ASSERTED BY OTHER CLAIMANTS THROUGH THE U.S. COAST GUARD NATIONAL POLLUTION FUNDS CENTER.
7. THE NAMED INSURERS AGREE THAT IN THE EVENT OF A DIRECT CLAIM, THE NAMED INSURERS WILL BE ENTITLED TO INVOKE ONLY (1) THE RIGHTS AND DEFENSES PERMITTED BY TITLE I OF THE ACT TO THE INSURED, AND (2) THE DEFENSE THAT THE INCIDENT GIVING RISE TO THE CLAIM WAS CAUSED BY THE WILLFUL MISCONDUCT OF THE INSURED.
8. THE NAMED INSURERS DESIGNATE THE FOLLOWING U.S. AGENT FOR SERVICE OF PROCESS FOR THIS INSURANCE CERTIFICATE:

_____		_____
NAME		MMS QUALIFICATION NUMBER

ADDRESS		

CITY	STATE	ZIP CODE

()	()	
AREA CODE and TELEPHONE NUMBER	AREA CODE and FAX NUMBER	E-MAIL ADDRESS

If the designated U.S. Agent for Service of Process cannot be served due to death, disability, or unavailability, the Director, U.S. Coast Guard National Pollution Funds Center, is the U.S. Agent for Service of Process.

9. THE FOLLOWING NAMED INSURERS HEREBY CERTIFY THEIR PARTICIPATION ON THIS INSTRUMENT:

MMS ID NUMBER	INSURER'S NAME	QUOTA SHARE	AUTHORIZED SIGNATURE	NAME AND TITLE OF BINDING OFFICIAL	INSURANCE RATING	INSURANCE RATING SERVICE	DATE OF RATING (MM/YY)
SUBTOTAL OF QUOTA SHARE							

9. THE FOLLOWING NAMED INSURERS HEREBY CERTIFY THEIR PARTICIPATION ON THIS INSTRUMENT (continued):

MMS ID NUMBER	INSURER'S NAME	QUOTA SHARE	AUTHORIZED SIGNATURE	NAME AND TITLE OF BINDING OFFICIAL	INSURANCE RATING	INSURANCE RATING SERVICE	DATE OF RATING (MM/YY)
SUBTOTAL FROM PREVIOUS PAGE							
TOTAL QUOTA SHARE (MUST EQUAL 100%)							